## Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name BOARD AND YOU					Telephone Number	Date of Inspection	ID#	
BOARD AND TOU					Est 502-333-8718			
Address 428 PEARL ST, NEW ALBANY IN 47150					Own 760-450-4755	05/25/2022		
Owner					Purpose	Follow Up	Released	
SEAN LARA					X Routine	06/07/2022	05/24/2022	
Owner's Address 604 PAYNE RD NEW ALBANY, IN 47150-					Follow-up Complaint			
Person in Charge DAVON WILKERSON					Pre-Operational			
Responsible Person's Email					Temporary	Menu Type		
DAVONWILK			IL.COM		НАССР	1 <u>2 X</u> 3 <u></u>	4 _ 5 _	
Certified Food Handler AARON FLANAGAN					Other (list)			
			KLIST AND NARRATIVE COLUMN PECTIONS ARE DENOTED IN THE		N THE NARRAIVE COLUMN MARKED AS "R"			
Section #	n# C NC R Narrative					To Be Corrected		
187	Х		Observed garlic	Observed garlic in oil paste stored at room temperature, out of refrigeration. discard				
191	<b>,</b>							
192	Х			Observed no date mark on made-in-house sauces in prep cooler.  Observed garlic in oil paste with a date mark past 7 days.  discard				
294	X		-	Observed garne in on paste with a date mark past / days.  Observed the bar dishmachine to have a sanitizer concentration that could  3 days				
			not be detected l	by chlorine test strips. Co	ontact auto-chlor.			
438	X			Observed 2 spray bottles without a label.				
218		Χ		Observed the two prep coolers in the kitchen dripping water. PIC stated 1 week repairs have been scheduled.				
291		Χ		at sanitizer test strips.	3 days			
324		Χ	_	Observed the dump sink in bar to be clogged and not draining.			4 days	
431		Χ	Observed floor	drain in bar to be in need	3 days			
Summary of V	iolations	(	C <u>5</u> NC	_4_ R_0_				
Received by (na	ame and t	itle prin			Inspected by (name and title	printed):		
Received by (name and title printed):					Thomas Snider CFS			
Received by (signature):					Inspected by (signature):			
					Thromae Snider			
cc:				cc:	+	cc:		